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ABSTRACT

To determine the status of emotionally handicapped children who had attended a psychoeducational intensive day treatment facility and to explore procedures for long term assessment, a followup telephone interview was undertaken with 37 parents or guardians of the elementary program clients. It was found that the children are for the most part living at home or in home settings, attending public school, and avoiding legal difficulties. Further analyses indicated that there were significant relationships between parent marital status at the time of attendance and indirect evaluations of the child's current functioning. Feasibility of the methodology and the importance of family environment are discussed. A copy of the survey instrument is appended. (Author/SB)

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A Demonstration of Long Term Follow-Up
of a
Psychoeducational Intensive Day Treatment Facility
for
Emotionally Handicapped Children

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This paper served as the basis of a Round Table
Discussion at the Annual Meeting of the
American Educational Research Association
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A Demonstration of Long Term
Follow-Up of a Psychoeducational
Intensive Day Treatment Facility for
Emotionally Handicapped Children

JEROME LEVITT, The Bertha Abess Children's Center, Inc.

To determine the current status of severely emotionally handicapped children who had attended a psychoeducational intensive day treatment facility three to five years ago and to explore procedures for long term assessment a telephone interview was undertaken. It was found that these children are for the most part living at home or in home settings, attending public school and avoiding legal difficulties. Further analyses indicated that there were significant relationships between parent marital status at the time of attendance and indirect evaluations of the child's current functioning. Feasibility of this methodology and the importance of family environment were discussed.

The Bertha Abess Children's Center has been engaged in a pilot project to study the long-term effects of our program upon our clients. This preliminary work was begun at the behest of our Board of Trustees whose purpose was to answer several questions regarding our clients of several years ago. These questions were:

1. Are these children living at home?
2. Are they presently enrolled in the public school system?
3. Have they had any legal difficulties?
4. How successful are they in their current settings?

Answering these questions involved identifying previous clients, locating them and ascertaining current information regarding their adjustment. We decided then to use this opportunity to begin to develop a follow-up methodology for future use.

Any attempt to evaluate long-term therapeutic outcome is fraught with numerous methodological difficulties. LaDouceur and Auger (1980) report a study which reviewed seven journals of behavior therapy over a 15-year period from 1963-1978 and found only 25% of the studies in these journals report a 6-month follow-up of behavioral interventions. This situation may in fact be a function of the methodological problems and the time pressure to which the authors allude, but there may yet be another factor inhibiting the gathering of long-term outcome data. There is a risk involved in looking at clients who have long since left a program. There is a high probability that one will find a greater occurrence of problems the longer an individual has been away from therapeutic support and subject to the caprices of his or her environment. It is also difficult not to attribute that decline to weakness in the behavioral intervention, when in fact it may be subsequent situational factors which influenced the clients' current state. The most definitive study would answer the question, "What would the client's life be like if he or she had not been given the behavioral treatment?". This question is

practically unanswerable since it would at least require a large matched control group of people in need of treatment which would be deliberately withheld.

A more plausible way of ascertaining long-term therapeutic outcome would be to follow a rather large number of clients for a relatively long period of time in order to be able to separate out those environmental variables which influence individual functioning. There are difficulties with longitudinal studies but with careful planning and cautious analysis, they should provide useful information regarding treatment efficacy, selection factors, and high risk variables and give an indication of the cost effectiveness of a behavioral intervention. Aside from any of these benefits, the development of a long-term follow-up procedure may provide other benefits to a program. It may sensitize staff to significant variables, it may give staff a larger perspective on the life of the individual client, and it may provide a more thorough monitoring of intake and follow-up procedures.

Thus, the present report reflects a first step towards initiating a long-term outcome assessment of The Bertha Abess Children's Center program. From the beginning, this study was viewed as exploratory in nature since it required the development of an instrument to collect data on previous history and the construction of a telephone survey instrument to determine the present status of our past clients. This was in fact an ex-post facto study with all the inherent weaknesses of such methodologies. Our purposes, however, were to answer the questions posed by our Board of Trustees and to examine the feasibility of long-term follow-up procedures. Any data derived beyond answering our proposed questions was expected to serve as a guide toward factors which need further exploration.

Methodology

The first step was to develop an instrument which would be used to gather data from client files. This file survey form (see Appendix) was used to ascertain the client's latest address, demographic data, length of treatment, and initial follow-up data. Secondly, a telephone interview form (see Appendix) was developed covering all areas of the child's current activities. Both instruments were designed with a broad perspective to gather as much information as possible.

All the files of the elementary program of the BACC were searched during the summer of 1980, and all clients who were classified as treatment complete and who left the program from 1975 through 1977 were surveyed. A total of 57 met these criteria. An intensive effort was made to locate as many of these as possible. With the cooperation of the Dade County Public School system we were able to locate 37. Letters were then mailed to the parents of these clients explaining our follow-up study and requesting their permission to contact them for a telephone interview. All of the 37 parents or guardians who were located agreed to be interviewed.

When all of the interviews were completed, the 57 file survey forms and the 37 completed interviews were coded for analysis.

Results

Before presenting the interview data, it would be of interest to look briefly at differences between the group of clients we were able to interview and those we were unable to locate. Table 1 summarizes the demographic characteristics of both groups separately and as a whole. An analysis was done on the file survey sheets of both groups. This analysis revealed that there are several differences between these two groups which are statistically significant or close to significant. The group that we could not locate is almost exclusively white as opposed to our interviewed group which is 62% white, and their files indicate that they had experienced significantly

TABLE 1
Total Numbers of Files Surveyed
By Sex and By Race

	<u>Interviewed</u>	<u>Not Interviewed</u>	<u>Total</u>
Male	32 86.5%	18 90%	50 87.72%
Female	5 13.5%	2 10%	7 12.28%
White	23 62.2%	18 90%	41 71.93%
Black	9 24.3%	1 5%	10 17.54%
Hispanic	2 5.4%	0 0%	2 3.51%
Missing	3 8.1%	1 5%	4 7.02%

more physical illness and surgery ($t(24.90) = 1.82, p < .08$; $t(54) = 2.48, p < .01$, respectively). Also those we could not find had left in a lower grade (4.9) than those we interviewed (6.14) and this difference is significant ($t(32) = 2.42, p < .02$). Although not quite reaching significance, the scores indicating hyperactivity and a general combined score indexing multiple handicaps are higher for clients who were not interviewed. No other differences were noted in the data.

Turning to the group that we did interview, the following description emerges from an analysis of the file survey forms. These children were referred to us mainly from the public schools and over three quarters (77%) of them had had previous therapy. Almost 80% of them were multiply handicapped (identified predominantly as neurological and perceptual disorders and hyperactivity) and had been taking prescription drugs such as Ritalin.

Sixty percent of the parents of these children were divorced or separated. The children in this group were in treatment an average of twenty-two months, with a range of three months to 64 months. Twenty-five percent of these children returned to regular public school classes when they left the Center and 65% were placed in full or part-time special classes within the regular public school system. Thus, 90% were able to return to the public school system.

In the final follow-up six months after leaving the program, it was reported that these numbers held for the most part except that some of those children who were in regular classes had now moved into special classes.

The focus of our interview was to ascertain if these children had maintained the gains they had made while they were at the BACC. We will first look at the results in terms of the four questions with which we began this study and then we will look at the analyses of the relationship between the file survey data and the interview data.

Our first question concerns the current residence of the children. We found that 73% of these children are currently living with either one or both parents or with a close relative, and 5.4% are in foster homes. Of

the total group, eight or 21%, are in institutions at present.

Our next question concerned the children in the public school system. Our interviewees reported that 94.6% of these children are still attending classes in the public school with about half in regular classes and half in special programs which include educationally handicapped classes, learning disability classes, and other classes such as vocational education.

Our next area of concern had been whether these children had been involved in any legal difficulties. It seems that this has not been much of a problem. Seventy-six percent of our respondents reported that their children had not had any legal difficulties and 84% reported that there had been no convictions of the children. Thus, these children are for the most part living in homes or home settings, attending school with or without special help, and mainly staying out of legal difficulties.

In addition to the above questions, we asked how successful the children are in their current situation. Eighty-one percent of our respondents reported that living with the child has been the same or better since he or she left the Center and 97% reported that the child has gotten along with their siblings as well as or better than when they left the program. The interviewees felt that The Bertha Abess Children's Center had done as much as could have been done for their children. Sixty-five percent reported that we could not have done any more. The 36% who did think that we could have done more for their children were usually requesting that their children had stayed longer in our Center.

It is very important to note that these children have continued to experience difficulty in their lives since they left the Center. Fifty-six percent of the children had a death or divorce in the family since leaving the program. Interview responses also indicate that these are still children with problems. Parents report that 49% of them don't participate in sports or sport-like activity, and 41% do not participate in social activities such as dances or clubs.

The next step in our analysis of these data involved an exploration of the relationships between the information gathered from the files and the current status of the children as reflected in the interview data. In consideration of the large number of variables (77) compared to the relatively small number of clients interviewed several variables were combined to form composite outcome indices.

The first of these indices was composed of six items from the interview requiring a yes or no answer from the respondent. These questions were as follows:

1. Is the child currently living at home?
2. Is the child in school?
3. Does the child attend a regular class?
4. Does the child participate in any sports activity?
5. Does the child have any friends his or her own age?
6. Does the child have a best friend?

It was felt that these six items reflected a broad perspective of what child be termed successful coping. Consequently, we have labeled this variable "Success".

The second composite variable involved three other direct yes or no questions thought to reflect potential difficulties in the child's life. These were:

1. Has anything important happened in the family?
2. Has the child had any counseling?
3. Has the child had any legal difficulties?

A significant correlation coefficient between the first and second item ($r = .38, p < .01$) and the obvious difficulty implied by legal involvements prompted the combination of these three items into a variable which we called simply "Problems".

Finally, several items called for the interviewee to rate the child on four or six point scales reflecting the interviewee's judgement of how the child

is coping. These items concerned: how living with the child has been, how cooperative he or she has been around the house, how the child has gotten along with his or her siblings, and how school has been for the child. All these questions refer to the time since the child left the Center. Since these items had different scales they were first converted into Z scores (with a constant of 10 added) and then combined to form a variable called "Parental Judgement". (Not all the respondents were the children's parents.)*

These three variables, Success, Problems, and Parental Judgement were then used in subsequent analyses as indirect coping measures. The purpose of the following analyses was to investigate the extent to which the information from the files, which represents aspects of the clients status when leaving the Center, relates to the current status of these clients as represented by the Success, Problems, and Parental Judgement indices; in other words, we wanted to know whether any of the file variables would be predictive of the child's present coping ability.

Seven variables were chosen from the file survey data as predictors. These are sex, race, age at admission, length of time at The Bertha Abess Children's Center, marital status of the parents, number of handicaps (none, one, or multiple) and year leaving the program.

The first question asked was are there any significant relationships between any of the predictor variables and the coping variables. A one-way analysis of variance (ANOVA) was performed on each combination of predictor and coping variables. Of the 21 separate analyses, five indicate that some relationships may exist among these variables.

The sex of the child seems to be related to Success, with boys having a higher score (3.87) than girls (2.6). This difference approaches significance, $F(1.35) = 3.384, p < .07$. The number of boys and girls is

*Although most of the respondents were parents, several were either relatives with whom the child was living or current caseworkers who know the family well.

so imbalanced, though, as to shed doubts on this relationship. There are 32 boys and five girls in this study.

Imbalanced grouping may also have influenced the next ANOVA, which indicated that the race of the child relates to the Success score. The black children have the highest mean Success score of 4.1, followed by 3.7 for the white children, and 1.5 for hispanic children, but the numbers of children are 9, 23, and 2 respectively (three are uncategorized). This relationship only tends toward significance, $F(2,31) = 2.59$, $p < .09$.

A relatively strong relationship is indicated between the Success score and the marital status of the parents at the time the children were at the Center, but in a counter intuitive direction. The children of divorced parents have the highest Success score (4.4) while the children of parents who were together show the lowest score (3.0). Children of parents who were separated are in the middle (3.25). This result is significant, $F(2,32) = 4.142$, $p < .02$.

There are not significant relationships between any other predictor variables with the Success variable or Problem variable, and there is only one significant relationship between the respondents judgement of the children and the parents marital status. The Parent Judgement score is worse as it gets larger. The children whose parents had been separated while they were at the Center received the worst rating (43.7) while the children whose parents were together received the best rating (38.7). The divorced parents' children are in the middle (39.5). ($F = 7.0$, $p < .003$)

To summarize these analyses, it appears that there is a relationship between the sex, race of the child, marital status of the parents while the children were at the Center, and how well the child seems to be coping at the present according to the reports of our interviewees.

In order to look further at this data three multiple regression analyses were performed, one for each of the outcome variables (Success, Problems, and Parental Judgement). This statistical technique enables one to examine the influence of several predictor variables upon an outcome variable. This

procedure examines contribution of the variables to the variation in the outcome variable.

These analyses yielded some correlations which, although not statistically significant, given the exploratory nature of this study are worthy of mention. The Success score seems to be somewhat influenced by six of the above mentioned variables which account for 31% of the variance. The multiple $R = .56$, $F(7,24) = 1.60$ $p < .25$. Also, four of the predictor variables (length of treatment, marital status of the parents, number of handicaps, and the year they left) accounted for 21% of the variance with a multiple R of $.46$, $(F(4,27) = 1.81, p < .25)$. Finally, the race of the child and his or her age at admission together account for 12% of the variance on the Problem score with a multiple R of $.35$ $(F(2,29) = 2.03, p < .25)$.

Although these multiple regressions were not statistically significant, the pattern of these results and the previous analyses suggest that some of these variables deserve further attention.

Discussion

The goals of this study were to determine the current level of functioning of children who had attended The Bertha Abess Children's Center three to five years ago and to begin developing the basis for more formal long-term follow-up studies. Both of these goals have been met. We have found that almost three-quarters of these children are living in a family setting and getting along satisfactorily in that setting. In regard to education, almost 95% attend public school in regular and special classes all of which are less restrictive than The Bertha Abess Children's Center. Although this group of children had been involved somewhat with the law, 76% had no legal difficulties.

We have also noted that since leaving the treatment facilities many of these children have continued to face family difficulties and disruptions. Our analyses of the relationships between certain child, family, and treatment variables and general reflections of their current functioning also suggest that the marital relationship of the parents may have long-term effects on the child.

This is consistent with other research as discussed by Belsky (1981). One of the more interesting findings of the study was the relationship between marital status of the parents at the time the children were with us and the Success scores of the children. One might have expected the divorced parents to have yielded the lower Success scores but the reverse was true. Although the differences were not great, this may indicate something about the effect of parent relations on children. Divorce itself may not be as bad for children if there is subsequent stability in family life. Parents who are together, yet having difficulty in their relationship, may provide a great deal of turmoil for their children. Unfortunately, our interview did not delve into current parent marital status, so we could not look at change in status as it influenced the children. Further work is needed to determine the extent of the interaction between these family variables and maintenance of the children's achievement after leaving our Center. It may be that to maintain the stability of the child over time, some family interventions need to be continued.

Questions such as these can only be answered by more intensive investigation of intake, treatment, and outcome variables with emphasis on direct measures. The current study employed indirect measurement using respondents judgements and somewhat uneven records. In the last few years, much more formal and consistent record keeping procedures have been initiated. If we are to begin a more comprehensive follow-up study, we should start with children currently attending our Center. We can then plan to contact families, children, and schools after they leave, and obtain direct measures of continued functioning and more precise information regarding continuing problems. This type of investigation can provide accurate data regarding treatment efficacy and also lead to further knowledge covering the contingencies leading to inadequate functioning of children at home and at school. This in turn may provide the impetus for specific mental health interventions designed to reverse these conditions.

It is felt that this study provides a basis for setting up the procedures to collect more elaborate and more useful data which would be of benefit to our program and to all mental health facilities working in this area.

References

Belsky, J. Early human experience: A family perspective. Developmental Psychology, 1981, 17, 3-23.

LaDouceur, R. and Auger, J. Where have all the follow-ups gone? The Behavior Therapist, 1980, 3, 10-11.

Appendix

THE BERTHA ABESS CHILDREN'S CENTER, INC.

FILE SURVEY FORM
July 1980

Name _____ DOB _____ Sex _____ Race _____

Latest Address _____ Telephone _____

Age at Admission _____ Date of Admission _____
Month _____ Year _____

Date of Termination _____ Months in Program _____
Month _____ Year _____

Approximate Income _____ Reading _____ Math _____

Grade Level at Admission..... _____

Grade Level at Termination.... _____

Referral Source: _____ Name _____
Mental Health Agency _____
Public School _____
Private School _____
Private Mental Health Professional _____

Was there previous therapeutic service? Yes _____ No _____ If "yes", what kind and how long?

Multiplicity of Handicaps

Type

Definitive or Not

Family Status: Number of Adults in Home _____ Natural Parents? _____ Are the parents together? _____, separated? _____, divorced? _____. If separated or divorced, how long ago? _____

Number of Children: Boys _____ Girls _____ Place of this child in the family (1st of 3, 3rd of 6, etc.) _____

Termination: Where was child placed? _____

What other community support was mobilized for child at termination? _____

Follow-Up: Placement at final follow-up _____ Grade _____

THE BERTHA ABESS CHILDREN'S CENTER, INC.

Code _____
Follow-Up Cover Sheet

Child's Name _____

Address _____

Telephone Number _____

Interviewer _____

Date _____

Interviewer _____

Date Letter Mailed _____

Interview

Hello! My name is _____ from The Bertha Abess
Children's Center. Have you received our letter?

If NO, or vague, explain . . .

If YES, . . . then would you be willing to spend some time
now or would you like me to call back at another time?

If NO, make an appointment to call back.

If YES, go on.

We are trying to find out how some of the children who have attended
Our school have been doing since they left us. In order to do this,
we are calling the families and discussing with them how their
children have been getting along. Now, I'd like to ask you some
questions, but first I'd like to tell you that your answers will
be kept strictly confidential. Do you have any questions about the
purposes of this telephone call?

If YES, answer the questions.

If NO, go on.

Code: _____

1. Is this child living with you at this time?

_____ YES.

_____ NO. Where is he/she living? _____

2. O.K., then let me ask you in general how he/she has been doing.

(Record general response) _____

3. Then, would you say that since your child left our program, living with him/her has been

_____ A. a lot better

_____ B. somewhat better

_____ C. about the same

_____ D. somewhat worse

_____ E. a lot worse

4. How cooperative is he/she around the house? Would you say he/she is

_____ A. always cooperative

_____ B. usually cooperative

_____ C. usually uncooperative

_____ D. never cooperative

5. Are there other children in the family living at home?

YES _____ NO _____ Can you tell me how many? _____

How does he/she get along with his/her brother(s) or sister(s)?

6. Since he/she was at our Center, would you say that he/she has gotten along

_____ A. better with his/her siblings

_____ B. the same as before

_____ C. worse

- 2 -

Family --

7. Now, I would like to know how he/she has done in school.

Is he/she attending school?

_____ YES -- go on.

_____ NO -- if graduated answer last page.

_____ NO -- dropped out (answer last page).

What school is he/she in now? _____

What grade? _____ Is he/she in a regular class? _____

What kind of class is he/she in? _____

How has school been for him/her for the last several years?

Probe:

8. In your opinion, since your child left the Center, would you describe school for him/her as

_____ A. a lot better

_____ B. somewhat better

_____ C. about the same

_____ D. somewhat worse

_____ E. a lot worse

9. Have there been any problems at all in school? YES _____

NO _____

If YES, can you describe the problem(s)? What happened? _____

Probe:

10. Were there any other problems? (If academic, ask about discipline. If behavioral, ask about academics.) _____

11. Is he/she receiving any special help in any subjects? YES _____

NO _____

- 3 -

School --

12. Besides this, I'd like to ask you about the specific activities your child participates in. I'm going to name activities. Could you tell me if he/she takes part in these either A) very frequently (once a week or more) B) once in a while (every couple of weeks), C) hardly ever (every couple of months), D) or never.

SPORTS - Games

Fishing _____
Swimming _____

Bicycling _____
Any other _____

Baseball _____
Basketball _____

SOCIAL - Parties

Dances _____
Religious functions/services _____
Clubs - Boy Scouts, Girl Scouts _____
Community Centers _____
Other activities _____

13. Now, I'd like to ask you how he/she gets along outside of the house, with peers, as far as you know.

(Record general response)

Probes:

14. Would you say that since your child was with us at the Center, his/her behavior with peers has been

_____ A. worse
_____ B. the same
_____ C. better

15. Does he/she have many friends his/her own age? _____

How many friends does he/she usually see?

_____ A. 1 or 2
_____ B. 3 - 5
_____ C. 6 - 10
_____ D. more

16. Is there a special friend that you know of? Like a "best" friend? YES _____ NO _____

Is this a boy or a girl? _____

17. Does he/she have a girlfriend/boyfriend? _____

Do you approve or disapprove of this relationship?

(Record general response)

18. Does your child work?

- ☐ No job ever
☐ Part-time
☐ Full-time

19. If child has regular part-time or full-time job:

How has your child been doing at his/her job?

(Record general response)

How long has he/she had the job?

Did he/she have other jobs before this, or is this the first one?

20. Would you say that he/she is on time for work:

- ☐ A. every day
☐ B. most of the time
☐ C. often
☐ D. not very often

21. Does he/she like to work? YES ☐ NO ☐

Probe:

22. Has anything important happened to your family since your child left The Bertha Abess Children's Center?

_____ YES

_____ NO

23. Would you say that for your family this has been

_____ A. a major change for the worse

_____ B. no major change

_____ C. a major change for the better

Can you explain? _____

24. Has he/she seen anyone for counseling services since leaving the Center?

_____ YES

_____ NO

If YES, has this been helpful? YES _____ NO _____

25. I would like to ask you if your son/daughter has had any legal difficulties?

_____ NO - go on

_____ YES - has he/she been arrested/convicted? YES _____ NO _____

What was done? _____

26. Have there been other incidents? YES _____ NO _____

Probe:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

G O O D B Y E

Why do you think your child left school? _____